

Technical Questions for Drug Card Sponsors

taken from technical conference with bidders and EEVS mailbox

Categories: (Click on the category to be directed to its location in the document.)

Connectivity/TI line, Connectivity/Connect:Direct, HPMS, Payment Management System (PMS), Enrollment & Eligibility Verification System (EEVS)/System Requirements: File Formats, Transactions, Transitional Assistance, MCO-Related and Other, Testing, Managed Care Organization (MCOs), System Forms, Price Comparison, Other

Connectivity/TI line

If a bidder has existing connectivity to CMS using the AGNS network via a SNA transport to get to the MDCN, will a TI line need to be installed?

Yes. Sponsors will need to communicate via TCP/IP and will, therefore, need an additional T1 line.

What are the timeframes for T1 installation to bidders?

All applicants' connectivity requests have been sent to AT&T for installation. AT&T is handling the timing and scheduling of installation on a very aggressive schedule so as to have connectivity established with approved drug card sponsors for April 1, 2004.

What is the purpose of the dialup line installation for a T1 line?

The dialup line is installed for out-of-band network management if there happens to be trouble with the router.

If a bidder currently uses a T-1 line to submit data to HPMS, will all other information be exchanged via that T1 line?

Yes. The T1 line will be used for submitting enrollment and eligibility data, and monthly utilization data. Future conference call will address other systems; i.e. the Payment Management System (PMS), price comparison website and reconciliation, that will be used for exchanging information with CMS.

Will a T1 line test be necessary for the certification letter sponsors are responsible for sending by March 21 for a sponsor's internal systems testing?

No, CMS provided test cases will enable sponsors to do internal testing transactions independent of the T1 testing. The letter will certify a sponsor has completed such internal systems testing and is ready for end-to-end testing to be scheduled.

Will sponsors be able to use the CMS-provided T1 line for drug card, HPMS and Host on Demand?

Yes with some exceptions. General sponsors can use their CMS-provided T1 line for HPMS drug card reporting. Existing managed care organizations (MCOs) that already have a T1 line for HPMS access can use their current T1 line for HPMS drug card reporting. Existing MCOs who use a dial-up connection for HPMS access should use their current dial-up account for HPMS drug card reporting; these MCOs cannot use the T1 line provided by CMS for the submission of drug card enrollment transactions for HPMS. In addition to these options, all sponsors can use the Secure Socket Layer (SSL) Virtual Private Network (VPN) method to access HPMS for drug card reporting.

Technical Questions for Drug Card Sponsors

taken from technical conference with bidders and EEVS mailbox

If a sponsor has a 56K Internet circuit currently, do they need a T1 line installed?

Yes, a full T1 line will need to be installed for drug card sponsors.

Can a sponsor move 56K traffic to the T1 line?

No, this action is a separate project CMS is currently working on.

If a bidder is currently using dialup with NDM, is the sponsor required to have a T1 line installed?

Yes.

There is a 60 to 90 day implementation timeframe for complete installation of a T1 line.

What happens if the T1 line is not installed for the March 23, 2004 testing date?

Prior to the March 21, 2004, testing processes will not need a full T1 line, though an aggressive implementation schedule has been executed to have sponsors who are approved ready for end-to-end testing by March 24, 2004.

If a sponsor will be accessing HPMS via the SSL VPN on April 2, 2004 and currently using modems, will this method (SSL VPN) give me the necessary communication to properly use Connect:Direct to send/receive data with you?

The SSL VPN available for use beginning on April 2, 2004 is strictly related to HPMS access. All sponsors can use the SSL VPN for HPMS drug card reporting. However, the SSL VPN cannot be used for other types of drug card reporting, such as drug card enrollment transactions. The SSL VPN cannot be used with Connect:Direct.

Is the network separate from the Internet?

Yes, the MDCN is separate from the Internet.

If SMS is an approved entity to submit enrollment and eligibility data, do we need a separate T1 line and Connect:Direct for CMS connectivity?

If SMS is named as a sponsor's subcontractor for submitting transactions, CMS will work with SMS to establish connectivity. The sponsor will not need a separate T1 or copy of Connect:Direct.

If a sponsor uses SMS for submitting enrollment and eligibility data, does a sponsor need to submit test data to CMS or file the Certification Form? Will this testing/certification be provided by SMS behalf of the sponsor?

If SMS is named as a sponsor's subcontractor for submitting transactions, CMS will work with SMS to establish connectivity. The sponsor will not need a separate T1 or copy of Connect:Direct.

The instructions dated January 30, 2004 indicate sponsors need a "dedicated" T1 connection to CMS. Will sponsors be required to have a T1 line, which its sole use is for this connectivity, or can the Connect:Direct use a shared T1 connection?

The Drug Card program requires dedicated T1 connectivity to the MDCN, which will be used for CMS business purposes only.

Technical Questions for Drug Card Sponsors

taken from technical conference with bidders and EEVS mailbox

If a sponsor currently has a dial-up connection for HPMS and McCoy transmissions, is the sponsor set from that standpoint?

Yes, sponsors with dial-up connections will still use dialup for HPMS and McCoy, however, sponsors will still require a T1 to submit drug card enrollment and eligibility transactions to the Enrollment & Eligibility Verification System (EEVS).

If a bidder currently has a CMS owned NDM, connected to a working CMS owned router attached to a CMS-owned T1 line and handling one transfer per day, can we use this existing T1 line for this MedicareRx Discount Card project? Or do we need to have installed a completely new T1 line dedicated only and used only for this project?

A new T1 is not needed and the existing CMS supplied AGNS T1 and Connect: Direct should be used for Drug Card Program. You still need to have a completed CMS Connectivity Request filed with CMS technical staff.

If a bidder already has a T1 to perform Medicare work, will CMS cover the initial costs of installing a T-1 line at the sponsor's location as well as ongoing monthly usage costs for exchanging drug card eligibility and enrollment data through the duration of the program?
CMS will cover the costs of the T1 line installation and ongoing monthly costs for the drug card program.

Will CMS be directly billed for sponsors' T1 line costs, including initial setup and monthly costs, or will each program be billed by the contractor and must request reimbursement from CMS? If each program must request reimbursement from CMS, how will this be done for cost-based programs?

AT&T will bill CMS directly for T1 installation costs as well as monthly costs for the drug card program.

When is the access form due to CMS and where should we send it?

The Application for Access to CMS Computer Systems for HPMS should have been submitted along with your proposal/application. If this form was not been submitted, you must submit it now to Kim August. An additional access form will be requested at a later date upon approval for submitting files to the Enrollment & Eligibility Verification System (EEVS), which will be included in the contract package. Additionally, access to the Payment Management System (PMS) will be handled with the Department of Health & Human Services using a separate process following award of a contract.

Connectivity/Connect:Direct

Is Connect: Direct 4.3 supported?

Yes.

Will there be a additional information for Connect:Direct setup?

CMS plans to provide additional information and will provide updates on the technical conference calls.

Technical Questions for Drug Card Sponsors

taken from technical conference with bidders and EEVS mailbox

Will there be a limit to the number of users for the Connect:Direct software?

The Connect:Direct software must be installed on one server and all drug card files must be transferred from that server. There will also be one IP address associated with the T1 line using Connect:Direct.

HPMS

Will HPMS be used for reporting requirements only?

HPMS usage is related to performance information requirements, such as customer service data, sponsor contact information, price comparison price file structures and other routine reporting requirements. (See Attachment 6 of the Solicitation.) No data entered into the HPMS will be used for payment or reconciliation of transitional assistance (TA).

Will sponsors be able to use the T1 line for drug card, HPMS and Host on Demand?

Yes with some exceptions. General sponsors can use their CMS-provided T1 line for drug card reporting to HPMS. Existing managed care organizations (MCOs) that already have a T1 line for HPMS access must use their current T1 line for HPMS drug card reporting. Existing MCOs who use a dial-up connection for HPMS access must use their current dial-up account for drug card reporting to HPMS. The existing MCOs using dial-up cannot use the T1 line provided by CMS for the submission of drug card enrollment transactions to HPMS. In addition to these options, all sponsors can use the Secure Socket Layer (SSL) Virtual Private Network (VPN) method to access HPMS for drug card reporting.

Can CMS provide more information about HPMS and the reporting that will be accomplished through this application? We will need this information to finalize our design for eligibility and enrollment.

Yes, CMS is working on this document now and it will be provided to sponsors shortly.

Do you have any details around reporting via HPMS? Will sponsors be expected to login and submit reports via the HPMS website or is there specific a record layout sponsors must follow?

CMS is currently working on a document that will be provided shortly outlining the different routine data reporting requirements by sponsor type and the method for reporting.

Payment Management System

When will the Payment Management System (PMS) file layouts be published?

The PMS will be using a web-based data entry process. Prior to setting up an account with PMS a sponsor must be granted Medicare-approval. Additionally, only aggregate payment data will be sent to the PMS to cover cash flow.

Is the PMS a mainframe-to-mainframe communication or a web application?

The PMS is a web application using web-based data entry. CMS will provide additional information shortly.

What is the record layout for these requests if mainframe-to-mainframe?

Technical Questions for Drug Card Sponsors

taken from technical conference with bidders and EEVS mailbox

The PMS is a web application using web-based data entry and, therefore, there is no need for CMS to provide record formats. CMS will provide additional information shortly.

What is the format if it is a web application?

The PMS is a web application using web-based data entry. CMS will provide additional information shortly.

Will the PMS supply with the payment a beneficiary level report that validates payment confirmation for the transitional assistance (TA)?

No. Interaction with the PMS is at the sponsor level/drug card level.

Enrollment & Eligibility Verification System (EEVS)/System Requirements

File Format

Where is the list of reason codes referenced in the file layouts provided February 5, 2004?

CMS will provide the reason codes in the near future. At this time they are currently undergoing CMS review.

Is the field “application date” the date the application is completed in case there are subsequent revisions?

Yes.

Is the field transaction control number unique for the batch?

Yes, this is a field for sponsors to use. The transaction control number will be returned when a pending transaction is cleared. Sponsors should judiciously reuse transaction control numbers so as to not confuse tracking of transactions.

Are sponsors allowed to combine drug card only enrollment with transitional assistance (TA) enrollment on the same file?

Sponsors are allowed to send one enrollment/disenrollment file per calendar day. This file should contain the following transactions: drug card only enrollments, drug card and TA enrollments, TA enrollments only, and disenrollments.

Initially, CMS indicated drug card only transactions should be separated from transitional assistance (TA) eligibility transactions in a separate file, however, in the sponsor systems test package, only one file is indicated. Is this still the case?

Sponsors are allowed to send one enrollment/disenrollment file per calendar day. This file should contain the following transactions: drug card only enrollments, drug card and TA enrollments, TA enrollments only, and disenrollments.

Do transitional assistance (TA) disenrollment requests need to be separated in another file or can all disenrollment requests be combined into one file?

Sponsors can combine enrollment/disenrollment requests one file and are allowed to send one enrollment/disenrollment file per calendar day. This file should contain the

Technical Questions for Drug Card Sponsors

taken from technical conference with bidders and EEVS mailbox

following transactions: drug card only enrollments, drug card and TA enrollments, TA enrollments only, and disenrollments.

The Sponsor systems test package states that "all required data elements must be electronically captured." When will a definition of all required data elements be released? Additionally, when will a complete data dictionary be provided?

The record formats contained in the test package identify the required data elements that must be included in the file submissions. A glossary of the record format is currently being developed and will be available soon.

When will Appendix A - Data Dictionary be available?

A glossary of record format elements is currently being developed and will be available soon.

Table 5-1, Step 5 describes the Sponsor as sending the monthly TA Balance Notification file to CMS. Was this intended to describe CMS sending the monthly TA Balance Notification file to the Sponsor?

Yes, this will be corrected in the test package.

Which fields are required/optional in the file records?

This information will be provided in the updated test package materials.

When will the data dictionary be provided?

A glossary of record format elements is currently being developed and will be available soon.

On Table 3-4, 3-5 and 3-6 (pages 3-3 and 3-4), there is a field called "Application Type Code" with values of B=Drug Card and TA, D=Disenroll and A=Drug Card only. These are the record formats that go from Sponsor to CMS. The corresponding formats that go from CMS to Sponsor do not have this field. It would be helpful to include this field so that we can more easily match records (tables 3-10, 3-11 and 3-12).

A Record Type Code is being added to the CMS Response file formats.

The use of SSN for identification: California law does not allow the use of SSN as an identifier. We were discussing the use of an assigned Member ID number of everyone because CA law does not allow us to send SSN through the mail. How does CMS want to handle the SSN being used as the member identification - especially in CA?

CMS does not intend for the SSN to be used as an identifier for the drug card enrollment but sponsors must store the SSN for use in transaction purposes only. The HICN is the identifier for Medicare purposes, which is used in transactions with CMS. The sponsor should decide whether their system(s) can continue handling the use of the system's current member enumeration in communication with the beneficiary while at the same time manage transactions with CMS using HICN. (Example: Member ID card has the

Technical Questions for Drug Card Sponsors

taken from technical conference with bidders and EEVS mailbox

traditional member number used by the sponsor. The sponsor's internal systems crosswalk the traditional member number to the HICN to generate transactions for CMS.

Why is CMS asking whether a beneficiary is retired, widowed or divorced in the last two years? Is this for sponsors to field questions from beneficiaries?

This is a required data element for the model transitional assistance (TA) enrollment form established by CMS. The record layout has the field "Special Status Change" with one position for Y = Yes, N = No or U = Unanswered indicators that correlate to the information provided by the beneficiary on model TA form. CMS uses this data element in the TA eligibility verification.

For the field Application Date, is this the date the application was completed, or the date that the sponsor sends the application request to CMS?

Application date refers to the date the application was completed.

Do sponsors derive the effective date and pass to CMS, or is CMS going to give this to us?

Sponsors should provide the effective date in the file provided to CMS.

Is the effective date also used as the expiration date for disenrollments (last day of the month the disenrollment was processed)?

For disenrollments, the effective date identified by the sponsor will be the same as the disenrollment date. Generally, the sponsor provided disenrollment date would be the last day of the month unless the beneficiary requests an alternative date. In most cases the date will be accepted by the CMS system unless it needs to be corrected by CMS to agree with the Medicare entitlement periods.

How will a sponsor know whether or not someone is giving a RRB Number, instead of the HIC number on the enrollment form?

In completing an enrollment the beneficiary should provide his/her HICN or RRB number in the Medicare ID number block of the enrollment form. A HICN is an 11-digit alphanumeric identification number, generally SSN followed by a 1 or 2 alphanumeric position. The tenth position will always be alphabetic, the eleventh position, if present, may be alphabetic or number; i.e. 123456789A, 987654321B, 111111111C1 or 222222222TA. A RRB number can be 7 to 12-digit alphanumeric identification number with a 1-3 position prefix followed by a 6-9 position numeric; i.e. A123456789, MA123456, MA123456789, WCA123456 or WCA1232456789. Sponsors can decipher the difference based on the formats provided.

What are the characteristics of the RRB number?

A RRB number can be 7 to 12-digit alphanumeric identification number with a 1-3 position prefix followed by a 6-9 position numeric; i.e. A123456789, MA123456, MA123456789, WCA123456 or WCA1232456789.

When are you planning on publishing the related codes: disenrollment codes (Table 3-6 in Sponsor System Test Package), error codes (Tables 3-8, 3-10, 3-11 in Sponsor System Test Package), reason codes (Tables 3-10, 3-11 in Sponsor System Test

Technical Questions for Drug Card Sponsors

taken from technical conference with bidders and EEVS mailbox

Package) and determination codes (Tables 3-10, 3-11, 3-12 in Sponsor System Test Package)?

CMS will provide this information in a revised test package.

What does the application date, determination date, subsidy proration date and enrollment date imply (Tables 3-10, 3-11, 3-12 on Sponsor System Test Package)?

The glossary being developed will provide definitions for these fields.

Will CMS provide record layout information for auto-enrollment and disenrollment?

An explanation of when auto-enrollments and auto-disenrollments can occur will be provided. The record layouts will be the same as the layouts identified for the CMS Response files (1D, 1E and 1F in the revised Test Package).

Documentation in the test packet pertaining to the TA balance information seems to be inconsistent and incomplete. Please clarify who sends what to whom, and its inclusion in the test plan.

- 1) **Page 3-9 references CMS Transitional Assistance Balance Notification, CMS to Sponsor only. Document labels this as Format 2A, the same format label given to the utilization record sent to CMS (3-8). Format names are the same, but the records are different.**
- 2) **Page 5-2, #5 says "sponsor will send monthly Transitional Assistance Balance**
- 3) **Nothing related to balance information shows up on the Sponsor Test Diagram, Figure 2., page 5-1.**

The test package will be updated to address these comments.

When will the Eligibility Data file formats be available?

All file formats are identified in the Test Package.

If a sponsor is only supposed to use the correction file indicator to identify files containing monetary corrections, then is the sponsor to assume files prepared for purposes of correcting non-monetary type problems will look the same as a "regular" monthly Transitional Assistance (TA) Utilization File? (In other words, in a given month if a sponsor submits a TA Utilization File to CMS and in return a sponsor receives an error response file containing both monetary and non-monetary record type errors, then a sponsor will send CMS 2 additional files: one file using the record correction indicator for all monetary corrections and another file with the record correction indicator = space for all non-monetary type corrections.) Do you agree?

Yes. If a Sponsor receives a Monthly TA Utilization Response file from CMS that indicates errors on records, the Sponsor should use the Monthly TA Utilization file format to re-send the records to CMS (the Correction File Indicator should contain a space). If a Sponsor needs to make monetary corrections for a beneficiary, the same Monthly TA Utilization file format should be used and the Correction File Indicator

Technical Questions for Drug Card Sponsors

taken from technical conference with bidders and EEVS mailbox

should contain a 'C'. The only time a 'C' should be used in the Correction File Indicator field is when the transaction involves a monetary correction.

Are there lists of reject codes and error codes as indicated for use in the enrollment response file?

These codes are being developed and will be incorporated in a revised test package.

What is included in the 40-byte informational text in the enrollment response file?

This field is currently undefined, however, CMS is not requiring sponsors to programmatically read the field for use in processing. CMS has added this field for the purpose of communicating any additional information that may help the sponsors process or correct a transaction. The field will most likely contain human-readable messages about record and/or file errors.

If the sponsor sends a valid SSN with an incorrect HIC# or DOB, will CMS reject or return approval with a corrected HIC# or DOB?

CMS is developing the policy and procedures to address this concern.

Transactions

It is stated the initial transaction from sponsors is limited to 30,000. Is there an imposed limit for subsequent transactions?

No. The imposed limit is for the initial file containing live data. This is done so that the initial data received can be run in a parallel region to see what the fallout is for the data.

Will CMS send and receive files to and from program Sponsors seven days a week, twenty-four hours a day?

CMS plans to be able to receive files from program sponsors seven days a week, twenty-four hours a day. Files will be sent back to sponsors seven days a week, twenty-four hours a day with the exception of CMS blackout times and CMS system maintenance periods. (CMS blackout times and CMS system maintenance generally occur on nights and weekends.)

By what time each day does CMS want to receive enrollment files? Is there a particular processing window?

CMS plans to be able to receive files from program sponsors seven days a week, twenty-four hours a day. Files will be sent back to sponsors seven days a week, twenty-four hours a day with the exception of CMS blackout times and CMS system maintenance periods. (CMS blackout times and CMS system maintenance generally occur on nights and weekends.)

Will CMS accept eligibility files seven days a week or just Monday to Friday?

CMS plans to be able to receive files from program sponsors seven days a week, twenty-four hours a day. Files will be sent back to sponsors seven days a week, twenty-four hours a day with the exception of CMS blackout times and CMS system maintenance

Technical Questions for Drug Card Sponsors

taken from technical conference with bidders and EEVS mailbox

periods. (CMS blackout times and CMS system maintenance generally occur on nights and weekends.)

Can a sponsor submit files seven days a week or only Monday thru Friday?

CMS plans to be able to receive files from program sponsors seven days a week, twenty-four hours a day. Files will be sent back to sponsors seven days a week, twenty-four hours a day with the exception of CMS blackout times and CMS system maintenance periods. (CMS blackout times and CMS system maintenance generally occur on nights and weekends.)

CMS stated a sponsor file could be processed by CMS approximately 20 hours/day.

Do you have specific hours that you will not be accepting and processing files?

No. CMS plans to be able to receive files from program sponsors seven days a week, twenty-four hours a day. Files will be sent back to sponsors seven days a week, twenty-four hours a day with the exception of CMS blackout times and CMS system maintenance periods. (CMS blackout times and CMS system maintenance generally occur on nights and weekends.)

What happens if a sponsor submits their files during the four hours per day when the enrollment system may not be operating? Will the submitted files automatically be rejected or will it be held in a pended stage until the system is back up and operating? If rejected, what are the expected hours of system down time?

CMS plans to be able to receive files from program sponsors seven days a week, twenty-four hours a day. Files will be sent back to sponsors seven days a week, twenty-four hours a day with the exception of CMS blackout times and CMS system maintenance periods. (CMS blackout times and CMS system maintenance generally occur on nights and weekends.)

What is the frequency of transmissions to be received from CMS? If CMS may be sending files more frequently than daily, sponsors may need a time date on the transmission (in addition to the date field already there) so it is known which file is most recent.

CMS will send one Daily Response File containing the following: Drug Card only enrollments, Drug Card with transitional assistance (TA) enrollments, TA enrollment only, Disenrollments, and TA balance, which will have pending applicants marked. In addition to the daily file, CMS will send Sponsors a Monthly TA Utilization Response file and a Monthly Membership Notification file. It is possible for a Sponsor to receive several files from CMS in 1 day, but the files will be different. A Sponsor should not receive the same file type more than once a day.

Will the response file to sponsors be limited based on the request file sent? Is there a way to limit the number of enrollments for one file?

CMS Response files are based on the records processed in a specific day, not the number of enrollment or disenrollment records submitted. For example, if a Sponsor sends a file containing 10,000 records, 5,000 may be processed within 48 hours and the other 5,000 may not be processed for 72 hours. During this time period, more files may have been

Technical Questions for Drug Card Sponsors

taken from technical conference with bidders and EEVS mailbox

submitted from the Sponsor. The Response file will contain records processed from various files.

When we send an enrollment file to CMS to validate, is your turn around time 48 hours or 72 hours?

The CMS turn around time for response files is expected to be 48 hours for drug card only and 72 hours for transitional assistance.

What is the expected turn-around time from CMS regarding beneficiary acceptance into the sponsor's program? If it is 72 hours, will this count against the five-day period in which a sponsor must inform a beneficiary of their application status?

The CMS turn around time for response files is expected to be 48 hours for drug card only and 72 hours for transitional assistance.

For the auto-enrollment and auto-disenrollment, what will the format be for CMS sending it to the sponsor?

The auto-enrollment and auto-disenrollment records will be sent by CMS to sponsors in the same format as the daily CMS Response files (1D, 1E and 1F).

What action is needed by a sponsor if an EEVS file is expected but not received?

Sponsors should contact the EEVS help desk that will be established.

For what scenarios will sponsors submit a credit code on the Format 2A – Sponsor to CMS?

Sponsors should review their business procedures to determine the applicable scenarios. One example for reporting a credit is if the sponsor finds a paid claim is reversed and transitional assistance (TA) must be credited back to the individual account. CMS is aware of this consideration and is currently working on the performance standards to communicate to the sponsors. CMS will provide operation instructions regarding TA rollover when available.

Transitional Assistance/Subsidy Balance

For the monthly transitional assistance amount reported in the file layout, how will TA rollover from one sponsor to another sponsor be handled for beneficiaries?

CMS is aware of this consideration and is currently working on the performance standards to communicate to the sponsors. CMS will provide operation instructions regarding transitional assistance rollover when available.

If a sponsor enrolls someone in their plan and the person already has transitional assistance (TA) from a previous plan how will CMS send TA balance to the new sponsor? And, when would CMS send the information?

CMS is aware of this consideration and is currently working on the performance standards to communicate to the sponsors. CMS will provide operation instructions regarding transitional assistance rollover when available.

Technical Questions for Drug Card Sponsors

taken from technical conference with bidders and EEVS mailbox

If there is only one Sponsor involved and all inputs to the CMS subsidy balance are coming from that Sponsor, what type of discrepancies could exist that the Sponsor would be able to resolve on their own? If the Sponsor can't resolve the discrepancy, does the CMS balance prevail? Is there any information on how the process to resolve differences between a sponsor's and CMS' utilization amounts will operate?
Sponsors are responsible for the accounting administration of transitional assistance (TA) funds. CMS is providing the TA balance as information for sponsors to use to ensure sponsors report balances to CMS properly. Further, when beneficiary has changed drug card programs, this report offers another way to confirm TA rollover amounts.

If multiple Sponsors were involved; e.g. the beneficiary is moving from one Sponsor to another, would CMS provide the "starting balance" to the new Sponsor?
Yes, the balance will be provided but a policy decision to determine the date when the balance will be provided has not yet been determined.

For the monthly TA utilization sent to CMS, should the file contain only those beneficiaries who had TA transactions during the month or are all TA-eligible beneficiaries, including beneficiaries with no activity have a "Transitional Assistance Utilization Amount" of zero?

The file should contain only those beneficiaries who had TA transactions during the month.

If the file is to contain all TA-eligible beneficiaries, what "Debit or Credit Indicator Code" should be used for zero TA utilization amounts?

The file will only contain beneficiaries who have had a debit or credit in the prior month.

If the file is to contain all TA-eligible beneficiaries, should it contain any beneficiary who was TA eligible and enrolled for any part of the month?

The file will only contain beneficiaries who have had a debit or credit in the prior month.

For the CMS TA Balance Notification file sent to Sponsors, will this file contain only those beneficiaries who had TA transactions during the month, or are all TA-eligible beneficiaries to be included in the file?

This file will contain all beneficiaries with and without TA who are enrolled with the Sponsor. For those with TA, the file will contain the current TA balance.

Does the detail record in Group 3-13 Monthly Reporting - Monthly TA Utilization, records 3.14 thru 3.16, contain one record for each TA processed claim?

No. The file should contain 1 record per beneficiary reflecting all credits and debits for that beneficiary for that month.

Once the subsidy is exhausted (zero balance remaining), do we send the zero balance record one time and thereafter remove that enrollee from future reports?

Only transitional assistance (TA) utilization during the month should be reported. If a beneficiary has a zero balance, there is no need to include their record in the report since

Technical Questions for Drug Card Sponsors

taken from technical conference with bidders and EEVS mailbox

there is no utilization amount unless there are new debits or credits or TA begins again in 2005.

Tables 3-18, 3-19, 3-20: CMS to Sponsor: Monthly TA Utilization error response file: Will sponsors receive an empty (null) data set each month from CMS if there are no errors to report or will no error file be sent?

If there are no errors, no file will be sent. Sponsors will still receive the regular acknowledgement of the file upon successful completion of the data transfer to CMS via Connect:Direct.

If a member with transitional assistance (TA) disenrolls in Vermont and moves to Florida, who is responsible for notifying the new sponsor of the dollar amount of the remaining TA? The answer in the 1/27/04 Q&A's - Question 4 on Page 35 in the Transitional Assistance appears to address this. It states, "At the time the beneficiary enrolls, the remaining balance on the card (which is provided to the enrollment system by the present sponsor at the time of disenrollment) would be rolled over to the exclusive (new) card." However, during the enrollment process, the files that go FROM sponsor to CMS do not have a subsidy balance field. But the files that go FROM CMS to Sponsor do have that field. How do we report the TA or subsidy balance when a person disenrolls?

CMS is aware of this consideration and is currently working on the performance standards to communicate to the sponsors. CMS will provide operation instructions regarding TA rollover when available.

In 2005, if a member has a transitional assistance (TA) balance of \$90 from 2004 and is approved in 2005 for \$600, in the file that CMS sends approving the member for re-enrollment in 2005, will it include an amount of \$690 or will it say \$600 and sponsors need to make an adjustment for any unused TA balance from the previous year?

Re-enrollment is not required for 2005. CMS notification of TA balance at the beginning of 2005 will include \$600 for 2005. More details will be provided at a later date.

Will the beneficiary's effective date or cancellation date of coverage always be the 1st day of each month?

Enrollment effective date will be the 1st of the month and disenrollment effective dates will be the last day of the month. There are some exceptions such as loss of Medicare or death.

What information will be on the beneficiary's ID card? ID number, group number, member code, other?

Sponsors should refer to the marketing guidelines documentation on the CMS website or request them from Kim August.

MCO-Related

Technical Questions for Drug Card Sponsors

taken from technical conference with bidders and EEVS mailbox

Currently, data provided to CMS from managed care organizations (MCOs) only requires a Medicare number and the file format indicates a field for social security number (SSN), is the SSN required?

Yes, the SSN is a required field for drug card transactions. This information will be provided on the applicants enrollment form and should be entered in as data for the file layout sent to CMS.

Will the SSN be required for the managed care group enrollment process?

No, the managed care group enrollment process will be different than the general drug card and transitional assistance enrollment process. This process will involve internal data exchanges between the Group Health Program (GHP) system and the Medicare Beneficiary Database (MBD) at CMS.

If a sponsor were to implement a "passive election" (all members automatically enrolled in the Drug Card Only program [opt out option available]), what application date should they submit in Body Format 1A?

Sponsors will never do. This will be handled using the GHP system.

I understand that Medicare enrollees interested in joining my plan must complete up to three applications - one to join my plan that will be processed through GHP or MMCS, as well as one to join my plan's exclusive drug discount card and an application for transitional assistance, both of which will be processed through EEVS. How will these two CMS systems "communicate" with each other if my plan processes all three applications at the same time? Or will my plan have to first process the application for the enrollee to join my plan in GHP or MMCS, and then wait for a CMS confirmation before processing the applications for enrolling in the drug card and transitional assistance in EEVS?

CMS suggests waiting to submit drug card enrollment transactions 48 hours after submitting MCO enrollment.

Other

What does auto-enrollment/disenrollment mean?

Sponsors will receive auto-enrollment records (formats 1A or 1B) when CMS has taken action independent, not in response to a record from the sponsor, to enroll a beneficiary in a particular drug card program; i.e. group enrollment, post eligibility, reconsideration. [The auto-enrollment process for managed care organizations is facilitated using the Group Health System (GHP). CMS will also auto-enroll a beneficiary following a positive reconsideration finding.] CMS will auto-disenroll a beneficiary upon death or loss of Medicare eligibility or enrollment into a MCO that offers an exclusive drug card program.

Is there any way to perform a preliminary validation on the Medicare number before submitting to CMS?

Technical Questions for Drug Card Sponsors

taken from technical conference with bidders and EEVS mailbox

No, sponsors must submit Medicare numbers as provided by the beneficiary on the enrollment form.

Is MBD access also required for drug card eligibility/enrollment activities? Will MBD contain drug card specific eligibility/enrollment information, such as the enrollee's drug card program, whether the enrollee is excluded from drug card enrollment, whether the enrollee qualifies for transitional assistance and the amount of his/her coinsurance, the amount of transitional assistance still available, etc.?
MBD access is not required for drug card sponsor eligibility/enrollment activities.

Testing

Will a T1 line test be necessary for the certification letter bidders are responsible for sending by March 21 for a bidder's internal systems testing?

No, a T1 is not necessary for the certification letter. The letter will certify a sponsor has completed internal systems testing and is ready for end-to-end testing to be scheduled.

What are the four milestones for testing?

The four milestones for testing are 1) sponsor's internal system's test, which will begin before award, 2) connectivity testing with CMS, which will begin immediately after award, 3) file transfer testing, which will begin immediately after connectivity is established, and 4) file data validation, which will begin immediately after a successful file transfer

How will the testing process be managed?

There will be a dedicated testing team at CMS handling the process with each sponsor.

Current guidelines indicate that sponsors must be certified as "live" by March 21st. In communications with CMS regarding outreach and enrollment, we have been told that we cannot begin any activities until May 3rd. Can you explain the necessity to be certified by March 21st when program activities cannot begin for one plus months?

CMS has provided 5-6 weeks for all sponsors to complete the end-to-end system testing with CMS. Scheduling will be dependent upon the date sponsors certify internal systems are ready.

When do you expect to receive the first production file?

CMS expects the first production file no earlier than May 3, 2004.

What are the implications of not having our system test complete by March 21, 2004?

The 5-6 week window provided for end-to-end system testing with CMS will be affected.

What is the scope of the complete end-to-end test between our company and CMS? Will the test include adjudication systems, mail pharmacy delivery systems, call center systems, etc.?

The end-to-end system testing will include test submission and receipt of enrollment/disenrollment and transitional assistance (TA) transactions.

Technical Questions for Drug Card Sponsors

taken from technical conference with bidders and EEVS mailbox

What will be the process for managing the testing process? When will the testing start? What files will be tested? Will there be a document that outlines the process, files, data requirements, timing, etc.?

CMS will provide detailed testing instructions shortly.

If the T1 is not installed in time for a sponsor to meet the CMS certification deadline of March 21st, can a sponsor propose a contingency plan to utilize the AGNS line? Is this contingency plan acceptable to CMS? If a sponsor invokes this contingency plan can the sponsor re-certify when the production T1 becomes available?

If a contingency plan becomes necessary, CMS will work with sponsors on a case-by-case basis.

Will the test timeframes be adjusted due to the delay in the test file being sent to plans?

CMS plans to complete end-to-end testing on May 3, 2004 so sponsors may begin enrollment activities.

Managed Care Organization (MCOs)

Currently, data provided to CMS from managed care organizations (MCOs) only requires a Medicare number and the file format indicates a field for social security number (SSN), is the SSN required?

Yes, the SSN is a required field for drug card transactions. This information will be provided on the applicants enrollment form and should be entered in as data for the file layout sent to CMS.

Will the SSN be required for the managed care group enrollment process?

No, the managed card group enrollment process will be different than the general drug card and transitional assistance enrollment process. This process will involve internal data exchanges between the Group Health Program (GHP) system and the Medicare Beneficiary Database (MBD) at CMS.

It was stated that a process was being set up for the initial enrollment of existing members of managed care organizations (MCOs). Therefore, MCOs are to follow the guidance provided in the Medicare Prescription Drug Discount Card Program Sponsor Systems Test Package - Version 5.2 for new enrollees and transitional assistance applicants. Can you confirm?

Yes.

When do you expect to issue the procedures for the initial group enrollment process?

CMS will be sending out a letter in the next week or so outlining the group enrollment process.

I understand that Medicare enrollees interested in joining my plan must complete up to three applications: one to join my program, processed through GHP or MMCS, one to join my program's exclusive drug discount card and an application for transitional assistance, both of which will be processed through EEVS. How will these two CMS systems "communicate" with each other if my program processes all three applications at the same time? Or will my plan have to first process the application for the enrollee to join my plan

Technical Questions for Drug Card Sponsors

taken from technical conference with bidders and EEVS mailbox

in GHP or MMCS, and then wait for a CMS confirmation before processing the applications for enrolling in the drug card and transitional assistance in EEVS?

CMS suggests waiting to submit drug card enrollment transactions 48 hours after submitting MCO enrollment.

System Forms

What forms do I need to submit for the Medicare Discount Drug Program?

As an incoming sponsor, the following three forms are required for submission: the CMS Connectivity Request Questionnaire, Data Use Agreement (DUA) and the Application for Access to CMS Computer Systems (user IDs).

What is the Connectivity Request Questionnaire?

The Connectivity Request Questionnaire is needed to ensure and access telecommunications between CMS and a potential Medicare Discount Drug Card Sponsors.

What is the Data Use Agreement (DUA)?

The DUA is an agreement that is statutorily mandated for any entity CMS exchanges personally identifiable information about any Medicare beneficiary. There is a DUA included with the general solicitation. Please submit the DUA as soon as possible to request public use files applicants can use to create their proposals (not for managed care). Furthermore, approved sponsors will execute another DUA as part of the contracting process.

What is the Application for Access to CMS Computer Systems?

This is a form that will allow CMS to provide the sponsor level users a user ID in order to submit data to the enrollment and eligibility system, and the reporting and performance monitoring system (HPMS).

Please note: Instructions for access to the Department's Payment Management System are listed in the solicitation, as they are slightly different from CMS' process.

How many user IDs will be needed for each sponsor?

One form must be submitted for every person at the sponsor level who will need access to the drug card systems. CMS does not issue an ID to be used by more than one person.

What systems applications access/availability is needed for drug card transactions?

The following systems access/availability will be needed for the Medicare Discount Drug Card Program: Enrollment & Eligibility Verification System (EEVS), and Reporting & Performance Monitoring System, which should be noted as HPMS on the form. Additionally, the form for access to the EEVS will be requested separately upon CMS' approval as a sponsor.

What sections of the Application for Access to CMS Computer Systems are required for submission?

Information will be provided at a later date.

Technical Questions for Drug Card Sponsors

taken from technical conference with bidders and EEVS mailbox

What type of information should be included in the reason for request in the Application for Access to CMS Computer Systems?

The following text may be inserted for this section, "The Medicare Discount Drug Card sponsor must submit data for enrollment, payment of TA, monitoring data and pricing data to the applications listed above."

When do the system forms for the Medicare Discount Drug Card need to be submitted?

The Connectivity Request Questionnaire must be submitted at the time of replying with a sponsor's Notice of Intent. If this form is not submitted at that time, connectivity to CMS systems cannot be guaranteed for integrated systems testing and the "go live" date.

The Data Use Agreement (DUA) included in the general solicitation should be submitted immediately if sponsors require access to the public use files.

The Application for Access to CMS Computer Systems for HPMS must be submitted along with your proposal/application. Another form will be required at a later date upon approval for access to the Enrollment & Eligibility Verification System (EEVS). Additionally, access to the Payment Management System (PMS) will be handled with the Department of Health & Human Services using a separate process.

To whom do I submit completed forms for the Medicare Discount Drug Card?

All forms should be submitted to the CMS contact person listed in the solicitation. CMS technical staff will take appropriate action upon receipt.

How should I submit the necessary forms for the Medicare Discount Drug Card?

The CMS Connectivity Request Questionnaire must be submitted with a sponsor's Notice of Intent to the CMS contact listed in the solicitation. The DUA may also be submitted at the same time so as to gain access to the public use files. CMS technical staff will take appropriate action upon receipt.

The Application for Access to CMS Computer Systems can be submitted with your proposal for access to HPMS. Another form is required at a later date after CMS' approval as a sponsor for access to the Enrollment & Eligibility Verification System (EEVS).

Please note: CMS will begin to process a request for user ID upon receipt via email or fax of the Application for Access to CMS Computer Systems but will not issue a user ID until a signed hard copy is received by CMS security staff, per CMS policy.

Why was the CMS Connectivity Request updated on December 29, 2003?

The update for the CMS Connectivity Request was completed to ensure the clarity of received responses. If sponsors currently have connectivity via the Medicare Data Communications Network (MDCN), the sponsors should answer all questions on the request. If sponsors currently do not have connectivity via MDCN, then the sponsors may skip questions 2 and 3 and must answer questions 1 and 4-13. PLEASE NOTE: CMS technical staff will contact sponsors who have submitted prior to the revision date for any additional information needed.

Technical Questions for Drug Card Sponsors

taken from technical conference with bidders and EEVS mailbox

Who may I contact if I have further questions about any of required forms for the Medicare Discount Drug Card?

Questions should be directed to the CMS contact person listed in the solicitation or to the Medicare Discount Drug Card feedback link provided at www.cms.hhs.gov/discountdrugs. Additionally, questions in regards to the completion of the CMS Connectivity Questionnaire may be directed to the email resource provided in the document, MDCN@cms.hhs.gov.

Price Comparison

On the CMS guidelines for the Price Comparison Website (revision 1/26/04), the last paragraph under Important Notes on page 3 states “he sponsor may submit updates weekly. When sending updates, the sponsor must send the complete file.” May a sponsor send a full file weekly, not changes only?

Yes, sponsors will need to submit complete data files on a weekly basis and not just the changes.

Will formats for the NDC Price Feed and the Pharmacy Feed be provided in upcoming documentation from CMS?

If a sponsor has multiple programs set up for the Medicare Discount Card; e.g., one program is retail 30 days, one program is retail 90 days, one program is mail order, is the sponsor required to send all 3 programs in different price files? If so, on your website are you displaying each of these prices or are you comparing all 3 files and only displaying the maximum price?

Retail pharmacy drug pricing will only be displayed for 30-day quantities and mail order drug pricing will be displayed for 90-day quantities. These are the standard dispensing quantities for retail and pharmacy and CMS is not planning on offering display options outside of this standard at this time.

On the Price Comparison website will CMS indicate what is a mail order price versus a retail price? How will you know?

Retail and Mail order drug pricing will be separated into separate columns. We will include appropriate language on the website so that beneficiaries will be able to identify the different prices for retail versus mail order. The data files will distinguish between the retail pricing (via the use of the NABP or Chain Number) and mail order pricing (via the use of 999999 in the Pharmacy Chain Number (Chain Code) field).

Is our deliverable date for this March 21, 2004 for certification (with test files) and end of April end-to-end testing? When do you expect to receive the first production file?

The production drug pricing data should be submitted along with the signed contract on or about March 19, 2004. CMS will provide FTP information for submission of the drug pricing data files to each endorsed sponsor at a later date. This initial data feed will be loaded and tested by CMS. Since there is a lag time of approximately one month between this data submission and the publishing of the drug pricing data on April 29, 2004, all sponsors will have the opportunity to submit updated drug pricing data files prior to the "go live" date.

Will you be using the pharmacy file along with the drug price file to calculate the cost to the member since the pharmacy file has dispensing fees in it?

Technical Questions for Drug Card Sponsors

taken from technical conference with bidders and EEVS mailbox

Yes.

Other

Must sponsors architect to the CMS Internet Architecture?

Most importantly, a sponsor's system must meet HIPAA requirements and follow HIPAA guidelines for risk and mitigation strategies in the absence of a mandatory architecture or explicit technical standards set to be followed. The CMS Internet Architecture is offered as a best practice model of how CMS does business using the Internet and can serve as a guide for sponsors' use in assessing their own architecture.

Are there any specific application requirements imposed by CMS as to how Internet Architecture needs to be built to interact with enrolled participant into Discount Card Discount Program? There is a set of documents published at <http://www.cms.hhs.gov/it/enterprisearchitecture/default.asp> that relate to CMS architecture and best practices. Do these relate anyhow or constitute development guidelines, from an architecture standpoint, for Internet application development or this is purely to describe CMS internals and by no means mandate sponsor architecture requirements?

Most importantly, a sponsor's system must meet HIPAA requirements and follow HIPAA guidelines for risk and mitigation strategies in the absence of a mandatory architecture or explicit technical standards set to be followed. The CMS Internet Architecture is offered as a best practice model of how CMS does business using the Internet and can serve as a guide for sponsors' use in assessing their own architecture.

Will CMS allow my plan to do any front-end denials of drug card applications submitted by enrollees who indicate that they have Medicaid outpatient prescription drug coverage instead of transmitting the application via the CMS EEVS and waiting for a CMS denial?

Yes, the sponsor is responsible for reviewing the enrollment forms for such information that would not qualify the beneficiary for the discount drug card program before sending any application information to CMS for enrollment and eligibility verification.

Will CMS allow my plan to do any front-end denials of transitional assistance applications submitted by enrollees who indicate that they have TRICARE, FEHPB, or group health insurance coverage or a private health insurance policy including drug coverage on their application, or who do not meet the income levels, instead of transmitting the application via the CMS EEVS and waiting for a CMS denial?

Yes, the sponsor is responsible for reviewing the enrollment forms for such information that would not qualify the beneficiary for the discount drug card program before sending any application information to CMS for enrollment and eligibility verification.

If a sponsor subcontracts the responsibility to "process beneficiaries' enrollment applications for the drug discount card and transitional assistance (TA), and administer the payment of such assistance, can a sponsor have their subcontractor interact directly with the CMS EEVS? In other words, can the sponsor's subcontractor transmit

Technical Questions for Drug Card Sponsors

taken from technical conference with bidders and EEVS mailbox

applications directly to CMS, and CMS provide determinations to the subcontractor instead of to the sponsor's plan?

Yes. An approved subcontractor may submit enrollment/disenrollment transactions and TA utilization reports to the EEVS. The sponsor must designate the subcontractor in its solicitation and in its CMS Connectivity Request document.

Is June 1, 2004 the effective date for beneficiaries that are eligible for transitional assistance (TA), as well as beneficiaries who will only participate in the Discount Drug Card Program?

The first effective date for the Medicare Prescription Drug Discount Card and Transitional Assistance Program is June 1, 2004. Beneficiaries are not entitled to the discount card or TA prior to that date. Enrollment with effective dates of June 1, 2004 may be processed in advance.

If a member is enrolled in 2004 in our program, do they a) HAVE TO re-enroll to be part of 2005 program with us, b) If they do nothing, they are automatically re-enrolled in 2005 and we send them a bill for the enrollment fee.

A member enrolled in a sponsors program in 2004 does not have to re-enroll for 2005 and will be automatically re-enrolled after January 1, 2005 by the sponsor if the member does nothing.